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ABSTRACT

This report was written for the Advisory Committee on Mentally Ill Inmates of the Wisconsin State Legislative Council's Special Committee on Mental Health Issues. It describes mental health services to inmates of Wisconsin's state prisons. Part I describes the organization of state level responsibilities for corrections, including the state corrections administrative structure and budget, the state correctional institutions and centers, and the structure for the delivery of mental health services to inmates of state correctional institutions and centers. Part II describes the provision of mental health services to inmates of state correctional facilities through clinical services programs at the institutions, the Wisconsin Resource Center, and commitment to a state mental health institute. This section also describes services provided to persons on probation and parole. Part III describes administrative rules relating to the use of psychotropic medication in state correctional facilities and a 1985 report on the use of those medications. Part IV describes training given to state correctional officers on the needs of inmates for mental health services. Appendices include organizational charts of the Wisconsin Department of Health and Social Services and tables of data on Wisconsin corrections institutions populations, clinical service staff and consultants, and state resource center staff positions. (NB)

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MENTAL HEALTH SERVICES TO STATE CORRECTIONS INMATES

STAFF BRIEF 86-10

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Wisconsin Legislative Council Staff — Madison, Wisconsin

Advisory Committee on Mentally Ill Inmates — July 23, 1986

STAFF BRIEF 86-10*

MENTAL HEALTH SERVICES TO STATE CORRECTIONS INMATES

INTRODUCTION

On February 20, 1986, the Legislative Council established the Special Committee on Mental Health Issues, pursuant to a December 20, 1985 letter to the Legislative Council from Senator Fred A. Risser. The Committee is directed to undertake a thorough examination of present mental health concerns, including a study of: (a) community and institutional programs and services for the mentally ill; (b) present civil commitment standards and alternatives thereto; and (c) services available to the mentally ill in prisons and jails.

Because of the special nature of the assignment regarding the mentally ill in prisons and jails, the Legislative Council established a separate Advisory Committee on Mentally Ill Inmates. The Advisory Committee is directed to study problems related to the care and treatment of mentally ill inmates in state prisons and county jails and to make its recommendations on these matters to the Special Committee on Mental Health Issues.

This Staff Brief, prepared for the Advisory Committee on Mentally Ill Inmates, describes mental health services to inmates of Wisconsin's state prisons and is organized as follows:

Part I describes the organization of state level responsibilities for corrections, including: (a) the state corrections administrative structure and budget; (b) the state correctional institutions and centers; and (c) the structure for the delivery of mental health services to inmates of state correctional institutions and centers.

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*This Staff Brief was prepared by Jane R. Henkel, Senior Staff Attorney, Legislative Council.

Part II describes the provision of mental health services to inmates of state correctional facilities through: (a) clinical services programs at the institutions; (b) the Wisconsin Resource Center; and (c) commitment to a state mental health institute. Part II also describes services provided to persons on probation and parole.

Part III describes administrative rules relating to the use of psychotropic medication in state correctional facilities and a 1985 report on the use of those medications.

Part IV describes training given to state correctional officers on the needs of inmates for mental health services.

PART I

STATE CORRECTIONS STRUCTURE

This Part of the Staff Brief describes the organization of state level responsibilities for corrections, including: (a) the state corrections administrative structure and budget; (b) the state correctional institutions and centers; and (c) the structure for the delivery of mental health services to inmates of state correctional institutions and centers.

A. STATE ADMINISTRATIVE STRUCTURE AND BUDGET

1. Administrative Structure

Under current law, state level responsibilities for corrections are statutorily assigned to the Department of Health and Social Services (DHSS) and carried out primarily in the Division of Corrections (DOC) of the DHSS.

The DOC is responsible for the supervision and operation of the state's correctional institutions and centers, except for the Wisconsin Resource Center which is operated by the DHSS's Division of Care and Treatment Facilities (DCTF). The Resource Center provides specialized programs for inmates identified to have needs which cannot be met by the correctional institutions and centers operated by the DOC. The DCTF also operates the state's two mental health institutes, Mendota Mental Health Institute and Winnebago Mental Health Institute, to which mentally ill inmates may be transferred or committed. [The DCTF also operates the state's three centers for the developmentally disabled.]

Within the DOC, the Bureau of Adult Institutions is responsible for the supervision and operation of the adult correctional institutions and centers; the Bureau of Juvenile Services in the DOC is responsible for the supervision and operation of the juvenile schools. Staff from the Bureau of Clinical Services provides mental health services to inmates of the DOC's adult institutions and juvenile schools.

Although the corrections system is administered by the DOC, other units within the DHSS are assigned duties related to, or provide support for, corrections. For example, as stated above, the DCTF operates the Wisconsin Resource Center. Also, functions relating to adult parole and the release of juveniles from state custody are assigned to two administrative bodies in the office of the DHSS Secretary (the Parole Board and the Juvenile Offender Review Board) and certain administrative

and other support services are provided to the DOC by other units of the DHSS.

Charts A1, A2 and A3 in Appendix A show the organizational structures of the DHSS, the DOC and the DCTF, respectively.

2. Corrections Budget

In 1986-87, the DOC's budget is $164.8 million. Of this amount, $132.4 million is funded from state general purpose revenues (GPR); $.3 million from federal funds (FED); and $32.1 million from program revenues (PR).

Included within these budgeted amounts are the Bureau of Clinical Services' costs of mental health services to inmates at state correctional institutions and centers. Expenditures for these services are summarized in Part II of this Staff Brief.

The costs for the maintenance and operation of the Wisconsin Resource Center are not included in the above amounts since these costs are included in the DCTF's budget, not the DOC's budget. The budget amounts for the Wisconsin Resource Center are given in Part II.

B. STATE CORRECTIONAL INSTITUTIONS AND CENTERS

Wisconsin's adult correctional institutions and centers serve only men, except the Taycheedah Correctional Institution and the Women's Community Correctional Center in Milwaukee which serve only women. Convicted adult male offenders sentenced to state prisons are received at the Dodge Correctional Institution Reception Center. Adult women are received at the Taycheedah Correctional Institution. After an assessment and evaluation period lasting four to six weeks, inmates are classified according to the security risk they present and placed in an appropriate institution or center.

Adult men classified as maximum security risks are placed at the Waupun, Green Bay, Dodge or Columbia Correctional Institutions, with younger (age 18 to 25 years) offenders placed at Green Bay.

Men classified as medium security risks are placed at the Kettle Morraine or Fox Lake Correctional Institutions or at the Wisconsin Resource Center. An additional medium security institution for men, the Oshkosh Correctional Institution, is expected to open in October 1986.

Men classified as minimum security risks are placed in the Waupun Bunkhouse, the Oakhill Correctional Institution or one of the 13 minimum security facilities for men in the Wisconsin Correctional Center System.

Adult women classified as maximum or medium security risks remain at the Taycheedah Correctional Institution. Adult women classified as minimum security risks are transferred to the Women's Community Correctional Center in Milwaukee.

Juveniles whose custody has been transferred to the DHSS are placed in one of two juvenile reception centers: (1) the Ethan Allen School at Wales; or (2) the Lincoln Hills School near Merrill. Generally, the geographic location of the county of commitment determines to which School boys are assigned by the courts. All girls are sent to the Lincoln Hills School.

Table B1 in Appendix B gives the location, rated bed capacity, population and security level, on Friday, June 27, 1986, for each of the adult correctional institutions and the Wisconsin Correctional Center System. Table B2 in the Appendix provides more detail on the Center System. Table B3 gives the location, rated bed capacity and population, on Friday, June 27, 1986, for the two juvenile schools.

C. STRUCTURE OF MENTAL HEALTH SERVICES TO INMATES*

The Bureau of Clinical Services in the DOC has clinical staff assigned to the correctional institutions to work on-site with inmates. Mental health services available at the correctional institutions are chemotherapy, individual and group psychotherapy, social skills training, anger control groups, neuropsychological evaluations and crisis intervention.

If an inmate needs more intensive treatment, but is not considered dangerous, the inmate may be transferred to the Wisconsin Resource Center. A psychotic inmate or one who needs intensive inpatient care may be transferred, on a voluntary or involuntary basis, to a forensic unit at one of the state's two mental health institutes, the Mendota Mental Health Institute or the Winnebago Mental Health Institute.

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* SOURCES: January 29, 1986 letter to the Legislature, from Linda Reivitz, Secretary, DHSS, reporting on the provisions of 1983 Wisconsin Act 474; and June 2, 1986 letter to Richard M. Sakoda, Hawaii Criminal Justice Commission, from Walter J. Dickey, Administrator, DOC, DHSS.

The mental health services available at the Wisconsin Resource Center and the mental health institutes are: chemotherapy, sheltered workshops, educational assistance, token economy, individual therapy, behaviorally oriented therapy and group therapy consisting of occupational, recreational, industrial and family-oriented approaches.

In addition to the treatment alternatives just described, the new Columbia Correctional Institution will have a 100-bed Special Needs unit which will serve mentally ill inmates and other inmates with special needs. However, it will not provide the intensity of treatment available at the Wisconsin Resource Center or the mental health institutes.

Each of the mental health treatment alternatives available to inmates is described in greater detail in Part II of this Staff Brief.

PART II

MENTAL HEALTH SERVICES TO STATE CORRECTIONS INMATES AND PERSONS ON PROBATION OR PAROLE

This Part of the Staff Brief describes the provision of mental health services to inmates of the state's correctional facilities through: (a) clinical services programs for general populations at the institutions and centers; (b) a 10-bed mental health unit at the Waupun Correction Institution; (c) the Wisconsin Resource Center; (d) commitment to a state mental health institute; and (e) a proposed 10-bed Special Needs Unit at the Columbia Correctional Institution. This Part also describes the provision of mental health services to persons on probation or parole.

A. CLINICAL SERVICES PROGRAMS FOR GENERAL PRISON POPULATIONS

1. Types of Inmates

Clinical staff from the Bureau of Clinical Services in the DOC provide on-site mental health services to the general inmate populations of the state correctional institutions. The staff provide services to mentally ill clients at the institutions and to others who do not fall within usual definitions of "mentally ill." According to the Bureau, in addition to clients with acute or chronic disorders, the clients served in the DOC institutions include inmates with neurotic reactions, character and personality disorders, psychophysiological and behavior adjustment reactions and a variety of sexual psychopathologies. Also served are inmates experiencing problems related to their incarceration, such as apathy, homosexual panic or difficulties maintaining family ties and inmates who are encountering problems relating to their impending freedom, such as fear of responsibility, lack of job-seeking skills or anticipation of marital problems.

2. Types of Services

As indicated in Part I, C, the mental health services provided at the institutions include chemotherapy, individual and group psychotherapy, social skills training, anger control groups, neuropsychological evaluations and crisis intervention.

3. Staff Positions and Consultants

Clinical staff from the DOC's Bureau of Clinical Services provide on-site mental health services at the state correctional institutions. Staff from the Bureau of Clinical Services do not provide services to the centers in the Wisconsin Correctional Center System, except at the Drug Abuse Center at Winnebago where 1.0 full-time equivalent (FTE) psychologist position provides mental health services to clients with drug abuse problems. Also, no clinical staff services are currently provided at the Columbia Correctional Institution. However, the Bureau is in the process of interviewing for a supervisor for the clinical services program at Columbia.

Appendix C gives data on the Bureau of Clinical Services' filled and vacant FTE staff positions at each of the institutions (exclusive of clerical positions) and the ratio of those positions to the institutions' populations. Also included are the number of actual (not FTE) consultants who provide clinical services to the inmates. The consultants are hired on an hourly basis as their services are needed and as their other work schedules or requirements permit. Table C1 in Appendix C summarizes the information on adult institutions and Table C2 in Appendix C summarizes the information on the juvenile institutions.

The tables in Appendix C show that most of the clinical services staff in the institutions hold positions as psychologists, psychologist supervisors or psychological services associates. The consultants are all psychiatrists or psychologists.

Table C1 shows that there are a total of 21.1 FTE filled clinical services positions at the adult facilities: 18.6 FTE positions in the adult institutions for men; 1.5 FTE positions at the Taycheedah Correctional Institution for adult women; and 1.0 FTE position at the Drug Abuse Center. There are a total of 6.0 vacant FTE positions at the adult facilities: 5.0 FTE positions at the adult institutions for men and 1.0 FTE position at the Taycheedah Correctional Institution for women.

Table C2 shows that there are a total of 6.0 FTE filled positions and 1.0 FTE vacant positions at the juvenile schools.

Because of budget constraints, DHSS is not currently attempting to fill 0.5 FTE vacant position at the Taycheedah Correctional Institution and 0.5 FTE vacant position at the Kettle Morraine Correctional Institution. The remaining 5.0 vacant FTE positions are in the process of recruitment or hiring.

Table C1 shows that, for male adult institutions, other than the Drug Abuse Center, the ratios of filled FTE clinical services staff positions

to prison populations range from a low of 1/319.3 at the medium security Kettle Morraine Institution to a high of 1/122.5 at the maximum security Dodge Correctional Institution.

There is less discrepancy between the institutions in their ratios of authorized FTE positions (filled plus vacant FTE positions) to prison populations. For the adult male institutions, the authorized FTE positions to population ratios range from a low of 1/240.3 at the medium security Fox Lake Correctional Institution to a high of 1/222.5 at the maximum security Dodge Correctional Institution.

Both ratios are 1/131.0 at the Drug Abuse Center; there are no vacant positions.

For the female maximum security Taycheedah Correctional Institution, the ratio of filled FTE positions to prison population is 1/143.3. The ratio of authorized FTE positions to population is 1/86.0.

For the juvenile institutions, Table C2 in Appendix C shows that, at the Ethan Allen School, both ratios are 1/69.0; there are no vacant positions. The filled FTE positions to population ratio is 1/122.0 at the Lincoln Hills School; the ratio of authorized FTE positions to population at the Lincoln Hills School is 1/81.3.

4. Inmates On Waiting Lists for Mental Health Services

Table 1, below, contains estimates of the numbers and percentages of inmates at the correctional institutions who were on waiting lists for mental health programs in late June 1986. The Drug Abuse Center is not included in the survey.

Several factors should be noted in reviewing Table 1:

a. The estimates in Table 1 were provided by clinical services unit chiefs at each of the institutions in response to a survey conducted by the Bureau of Clinical Services between June 12, 1986 and June 30, 1986. The actual date used for the estimates of the numbers of inmates on waiting lists may vary between those two dates from institution to institution.

b. The numbers and percentages, given in Table 1, for inmates on waiting lists may be inflated because they include some inmates who are no longer at the institution.

c. Table 1 does not include data on inmates who need mental health services which they are not receiving and are not on a waiting list for

those services. Some of these inmates may not be on a waiting list because they have not been identified; others may need services which are not available at the institution. There also may be inmates who are on a waiting list for an available service, but need additional services which are not available at the institution.

Table 1 shows an estimated total of 197 to 247 adult inmates on waiting lists for mental health services in late June 1986. This is 5% to 6% of the total population of the institutions on June 27, 1986. Inmates on waiting lists, in late June 1986, represent an estimated 3% of the total inmate populations at the Green Bay, Fox Lake and Kettle Morraine Institutions, and an estimated 7% or 8% of the total inmate populations at the Waupun, Dodge, Taycheedah and Oakhill Correctional Institutions.

An estimated 107 juveniles were on waiting lists in late June 1986. This is 20% of the total population of the two schools (30% of the population at the Ethan Allen School and 10% of the population at the Lincoln Hills School).

It might be expected that institutions with fewer staff resources, as measured by a lower staff to inmate population ratio, would have longer waiting lists for services than other institutions. However, there does not appear to be any clear pattern in the relationship of the estimated numbers of inmates on waiting lists, given in Table 1, and the staff to population ratios given in Appendix C and discussed in the preceding section of this Staff Brief. Waiting lists may be shorter than otherwise would be expected at institutions with low staff to population ratios because staff do not have the time or resources to identify all inmates with mental health needs for the purposes of placing them on waiting lists. Also, in some cases, staff may not bother to place an inmate on a waiting list, if they know resources will not be available.

TABLE 1

ESTIMATES OF STATE CORRECTIONAL INSTITUTION INMATES ON WAITING LISTS*

NAME	INSTITUTION POPULATION ON JUNE 27, 1986	ESTIMATES OF NUMBER AND PERCENTAGE OF INMATES ON WAITING LISTS, IN JUNE, 1986**	
		Number	Percentage
ADULT INSTITUTIONS			
Maximum Security:			
Waupun Correctional Institution	993	80	8%
Dodge Correctional Institution	490	40	8%
Green Bay Correctional Institution	827	25	3%
Taycheedah Correctional Institution	215	15	7%
Medium Security:			
Fox Lake Correctional Institution	721	21	3%
Kettle Moraine Correctional Institution	479	16	3%
Minimum Security:			
Oakhill Correctional Institution	347	25-50	7% TO 14%
Subtotals:	4,072	197-247	5% TO 6%
JUVENILE INSTITUTIONS			
Ethan Allen School	276	82	30%
Lincoln Hills School	244	25	10%
Subtotals:	520	107	20%

* The survey was conducted between June 12, 1986 and June 20, 1986. The actual date used to determine the numbers of inmates on the waiting lists may vary between those dates from institution to institution.

**The numbers and percentages given for inmates on waiting lists may be inflated because they may include some inmates who are no longer at the institution.

SOURCE: Survey of Clinical Services Unit Chiefs conducted by the Bureau of Clinical Services, Division of Corrections, Department of Health and Social Services.

5. Expenditures

For 1985-86, total Bureau of Clinical Services' expenditures were approximately $2.6 million ($2.3 million GPR and $.3 PR). Of the $2.6 million, $2.3 million ($2 million GPR and $.3 million PR) was for staff salaries and fringe benefits, and the remainder for supplies, equipment, services and permanent property.

B. TEN-BED UNIT AT WAUPUN CORRECTIONAL INSTITUTION

The 10-bed mental health unit at the Waupun Correctional Institution is primarily a "safe place" for inmates who do not function well in the normal prison environment. The only staff assigned specifically to the 10-bed unit are one correctional officer for each shift and one full-time social worker. No clinical services staff is specifically assigned to the 10-bed unit and no special clinical services programs are provided for that unit; however, clinical services staff may focus more of their attention on inmates living in the 10-bed unit than in other living units.

C. WISCONSIN RESOURCE CENTER

1. Types of Inmates

The Wisconsin Resource Center is a medium security prison operated by the DCTF. According to the statutes, an inmate may be transferred from a prison, jail or other criminal detention facility to the Wisconsin Resource Center, if there is reason to believe that the inmate is "in need of individualized care." Inmates may be committed to the Resource Center for involuntary treatment of mental illness, developmental disabilities or alcoholism or other drug abuse in the same manner that they may be committed to a treatment center under the civil commitment statutes [s. 53.055, Stats.].

In operation since January 1983, the Wisconsin Resource Center has received inmates from the DOC's maximum and medium security institutions, with occasional transfers from minimum security facilities. Usually, the types of inmates that the DCTF considers to be appropriate for placement at the Wisconsin Resource Center are:

a. Mentally ill inmates who are unable to cope with the prison environment.

b. Developmentally disabled inmates who are unable to cope with the prison environment.

c. Depressed or suicidal inmates.

d. Emotionally unstable inmates or those with stress disorders.

e. Inmates with behavioral or adjustment problems who are not successfully coping with the prison environment.

f. Inmates who are within eight months of mandatory release and who have been retained in maximum security confinement because they have not successfully coped with the prison environment. [SOURCE: "Wisconsin Resource Center, A Statutorily-Authorized Medium Security Prison Under the Administration of the Division of Care and Treatment Facilities," dated, July 1985. A "program outline" prepared by the DHSS.]

Inmates with alcohol and other drug abuse problems are not a priority of the Wisconsin Resource Center; they are treated at the Drug Abuse Center.

According to the Bureau of Clinical Services, all referrals to the Wisconsin Resource Center are screened by the clinical services unit chief at the correctional institution prior to referral to the program review committee. [The program review committee at each institution is responsible for reviewing the security level and program placement of inmates.]

One psychologist supervisor from the Bureau of Clinical Services correctional institution staff, serves as a contact person with the Wisconsin Resource Center for all referrals. In special cases, contact is made with the Superintendent of the Wisconsin Resource Center to discuss the timing and advisability of a transfer. For example, such contact may be made where an inmate is a member of a gang or has threatened someone at the referring institution. The Resource Center prefers to have no more than three or four members of the same gang at the facility at one time.

The Bureau of Clinical Services also indicated that transfers to the Wisconsin Resource Center are categorized and given priority as follows:

a. Urgent. The first priority for transfer is given to clients who are unable to cope with the referring institution's environment and are depressed, suicidal or emotionally unstable to the extent that they are no longer manageable at the institution.

b. High. The second priority is given to clients who are coping marginally or are manageable at the referring institution, but are in significant need of Wisconsin Resource Center treatment programming that is not available at the referring institution.

c. Mandatory Release. The third priority is given to inmates who are within six to nine months of their mandatory release date and need the programming available at the Wisconsin Resource Center. Generally, these are clients who need a great deal of assistance in making the transition from prison to a free society.

2. Types of Services

As indicated in Part I, C, the mental health services available at the Wisconsin Resource Center are: chemotherapy, sheltered workshops, educational assistance, token economy, individual therapy, behaviorally oriented therapy and group therapy consisting of occupational, recreational, industrial and family-oriented approaches.

3. Staff Positions

The Wisconsin Resource Center consists of eight 20-bed units. Units other than the crisis intervention unit have a case manager assigned to each case. The units are staffed primarily by aides; there are 101.0 FTE institution aides on the staff. Other staff include registered nurses and nursing supervisors, physicians, social workers, psychologists, teachers and others. Security is provided by a staff of 44.0 FTE officers and a 1.0 FTE institutional security director. A complete list of the Wisconsin Resource Center staff positions is provided in Appendix D.

4. Types of Illnesses; Lengths-of-Stays

Table 2, below, gives data on inmates at the Wisconsin Resource Center on June 18, 1986, based on the types of illnesses being treated and whether the inmates are in "treatment" or "maintenance." The average lengths-of-stays for these inmates are also given.

Inmates who are in "maintenance" are inmates who are being maintained at the Wisconsin Resource Center but who are no longer receiving specific programming, including inmates who are difficult to appropriately place and inmates who would be in danger from other inmates in a DOC institution. The information on lengths-of-stays for inmates in maintenance includes the time they spend in treatment.

According to the Bureau of Clinical Services, the average lengths-of-stays given in Table 2 are longer than they otherwise would be due to the existence of the unit for inmates who are nearing their mandatory release dates. These inmates tend to stay in the Resource Center longer than other inmates.

Table 2 shows that the average lengths-of-stays for inmates in treatment on June 18, 1986 was 119.6 days; for inmates in maintenance on that date, the average lengths-of-stays was 227.08 days. The average lengths-of-stays for the total Wisconsin Resource Center population on June 18, 1986 was 176.4 days.

Table 2 shows that of the 76 inmates in treatment on June 18, 1986, 28 inmates (36%) had illnesses classified as adjustment problems and 29 inmates (38%) had illnesses classified as schizophrenic. The remaining five illness categories contained 19 inmates (25%), but no one category contained more than six inmates.

Table 2 also shows that 43 of the 85 inmates (51%) on maintenance had illnesses classified as adjustment problems; 19 inmates (22%) had illnesses classified as schizophrenic. The remaining five illness categories contained 23 inmates (27%), but no one category contained more than eight inmates (9%).

TABLE 2

WISCONSIN RESOURCE CENTER: INMATES IN TREATMENT OR MAINTENANCE ON JUNE 18, 1986 AND THEIR AVERAGE LENGTHS-OF-STAYS

TYPES OF ILLNESSES	INMATES IN TREATMENT		INMATES IN MAINTENANCE		INMATES IN TREATMENT OR MAINTENANCE	
	Number of Inmates	Average Lengths-of-Stays (Days)	Number of Inmates	Average Lengths-of-Stays (Days)	Number of Inmates	Average Lengths-of-Stays (Days)
Adjustment Problems	28	115.2	43	169.6	71	148.0
Inadequate Personality	6	177.2	7	169.3	13	173.0
Schizophrenia	29	131.0	19	376.0	48	228.0
Affective Disorders, Depression	5	48.6	3	294.0	8	140.8
Stress Disorders	3	91.2			3	91.2
Mental Retardation	5	97.3	8	232.0	13	180.0
Organicity			5	188.5	5	188.5
TOTALS	76	119.6	85	227.08	161	176.4

SOURCE: Information provided by the Bureau of Clinical Services, Division of Corrections, Department of Health and Social Services.

5. Budget

For 1986-87, $7 million in GPR and $10,600 in PR is budgeted for the Wisconsin Resource Center.

D. TRANSFER TO MENTAL HEALTH INSTITUTES

Inmates of the Wisconsin correctional institutions may be transferred for treatment to one of the state's two mental health institutes: male inmates are transferred to the Mendota Mental Health Institute and female inmates are transferred to the Winnebago Mental Health Institute. Such transfers may be either voluntary or involuntary.

The standards and procedures for transfers to mental health institutes are described in this section. For additional detail, see Part III of Staff Brief 86-7, The Legal Framework for Care and Treatment of the Mentally Ill, dated July 16, 1986, prepared for the Special Committee on Mental Health Issues.

1. Involuntary Transfers

a. Standards

The involuntary commitment standards that apply to other persons also apply to inmates. Under these standards, to be involuntarily committed, an inmate must be:

1. Mentally ill, drug dependent or developmentally disabled;

2. A proper subject for treatment; and

3. Dangerous under the standard described below.

The dangerousness standard requires that a court find that the person is dangerous under one or more of the following four standards:

1. There is a substantial probability that the person will physically harm himself or herself. This probability must be supported by evidence of recent threats or attempts at suicide or serious bodily harm;

2. There is a substantial probability that the person will physically harm others. This probability must be supported by evidence of recent homicidal or other violent behavior, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to

them because of a recent overt act, attempt or threat by the person to do serious physical harm;

3. The person's judgment is impaired to the extent that there is substantial probability of physical impairment or injury to self. This standard is not met if there are adequate community resources available for the person's protection, the person is appropriate for protective placement or, in the case of a minor, placement under the Children's Code is appropriate. Impaired judgment must be shown by evidence of a pattern of recent acts or omissions; or

4. Due to mental illness, the inmate is unable to satisfy his or her basic needs for nourishment, medical care, shelter or safety without prompt and adequate treatment. Under this standard, there must be a substantial probability that death, serious physical injury, serious physical debilitation or serious physical disease will imminently ensue, unless the individual receives prompt and adequate treatment for his or her mental illness. The person's inability to satisfy his or her basic needs must be shown by recent acts or omissions. No substantial probability of harm exists if reasonable provision for the person's treatment and protection is available in the community, the person is appropriate for protective placement or, in the case of a minor, placement under the Children's Code is appropriate [s. 51.20 (1) (a) 2, Stats.].

b. Alternative Standards

Due to the problem of proving dangerous behavior of persons who are confined to correctional institutions, the following two alternative standards for commitment of prisoners have been developed:

1. Under the first alternative standard, if the person is an inmate of a state prison, jail or other criminal detention facility, the fact that the person receives food, shelter or other care in the facility does not mean that he or she is receiving adequate protection in the community and, therefore, may not be committed. This is relevant to the third and fourth standards of dangerousness, described above [s. 51.20 (1) (ab), Stats.].

2. The second alternative standard applies to inmates of state prisons. For such persons, the petition for commitment may allege that the person is: (i) mentally ill; (ii) a proper subject for treatment; and (iii) in need of treatment. An allegation of dangerousness is not required [s. 51.20 (1) (ar), Stats.]. Prior to filing a petition for commitment under this standard, the DHSS must attempt to use less restrictive forms of treatment, such as voluntary treatment within the prison or a mental health facility. Also, the inmate must be fully informed about his or her treatment needs, the mental health services

available to him and her and his or her rights under the civil commitment statutes. The inmate must be given an opportunity to discuss his or her needs, the services available to the inmate and his or her rights with a licensed physician or psychologist [s. 51.20 (1) (ar) and (19) (a), Stats.].

The second alternative standard, which eliminates the dangerousness requirement, may not be used for an emergency transfer, described below. For emergency transfers, dangerousness must be found. Also, the second alternative standard is scheduled to "sunset" on July 1, 1987, or on the effective date of the 1987-89 biennial budget act, whichever is later [s. 51.20 (1) (ar) 2, Stats.].

c. Procedures

An involuntary commitment may be commenced: (i) by a petition for involuntary commitment signed by three adults, at least one of whom has personal knowledge of the conduct of the subject, alleging that the inmate meets the standards or alternative standards, described above; (ii) by an emergency transfer; or (iii) by an emergency detention [ss. 51.20 (1) (a) (ab) and (ar) and 51.37 (5) (b), Stats.].

The procedures for involuntary commitment and emergency detention, including release from commitment, are discussed in detail in Part III of Staff Brief 86-7. If an emergency transfer is made, the DHSS must file a statement of emergency detention or commitment with the court within 24 hours of receiving the inmate in the mental health institute. The second alternative standard described above, which eliminates the requirement for dangerousness when state prison inmates are involved, may not be used for emergency transfers [s. 51.37 (5) (b), Stats.].

After emergency transfer, the director of the mental health institute may file a petition for continued commitment or return the person to the correctional institution.

d. Treatment Alternatives

Upon an involuntary commitment, an inmate may be transferred to one of the state mental health institutes or be required to receive treatment, including medication, in the prison [s. 51.20 (13) (a) 4, Stats.].

2. Voluntary Transfers

When a licensed physician or licensed psychologist employed in a state prison or by the DHSS reports to the officer in charge of the prison that any inmate is mentally ill and in need of psychiatric or

psychological treatment and that the inmate voluntarily consents to a transfer for treatment, then the officer must make a written report to the DHSS. The DHSS may then transfer the inmate if a voluntary application for admission is made by the inmate [s. 51.37 (5) (a), Stats.].

3. Number of Inmates Transferred; Lengths-of-Stays

The DHSS is required to submit annual reports, on or before January 30 of each year, to the Legislature, on: (a) the number of inmates transferred to the mental health institutes on a voluntary and involuntary basis and their average lengths-of-stays; (b) the number of prisoners being treated with psychotropic drugs on both a voluntary and involuntary basis and the types of drugs used; and (c) a description of the mental health services available to prisoners on both a voluntary and an involuntary basis [s. 46.03 (5) (c), Stats.].

Table 3, below, summarizes the information provided in the DHSS report for 1985 on the number of inmates transferred to the mental health institutes for calendar year 1985. [Information from the 1985 report on the use of psychotropic drugs is summarized in Part III; the 1985 report's description of services available to prisoners was used in preparing Part I.]

Table 3 shows that, during 1985, 18 state prison inmates were transferred to mental health institutes: nine of those transfers were voluntary and nine were involuntary. Of the nine involuntary transfers, four were initiated as emergency transfers; five were initiated by petition. As can be seen from Table 3, the longest average lengths-of-stays in 1985 were associated with nonemergency involuntary transfers (128 days).

During 1985, one female inmate was voluntarily transferred to the Winnebago Mental Health Institute. The remaining eight voluntary transfers and all nine involuntary transfers were men who were transferred to the Mendota Mental Health Institute.

TABLE 3

CORRECTIONS INMATES TRANSFERRED TO MENTAL
HEALTH INSTITUTES FROM JANUARY 1, 1985 TO DECEMBER 31, 1985

TYPE OF TRANSFER	NUMBER OF INMATES TRANSFERRED	RANGE OF LENGTHS-OF-STAYS (DAYS)	AVERAGE LENGTHS-OF-STAYS (DAYS)
Involuntary Transfers			
Commitments under s. 51.20 (13) (a) 4, Stats.	5	69-197	128
Initiated as an emergency transfer under s. 51.37 (5) (b), Stats.	4	2- 81*	31*
Subtotal:	9		
Voluntary Transfers Under s. 51.37 (5) (a), Stats.	9	9-224**	74**
TOTAL:	18	2-224	79.4

* One inmate, who remained hospitalized on December 31, 1985, had been in treatment for 37 days.

** Three inmates, who remained hospitalized on December 31, 1985, had been in treatment for 40, 70 and 224 days, respectively.

SOURCE: Report to Legislature, dated January 29, 1986, from Linda Reivitz, Secretary, Department of Health and Social Services, prepared pursuant to s. 46.03 (5) (c), Stats.; and additional information provided by the Bureau of Clinical Services, Division of Corrections, Department of Health and Social Services.

4. Costs of Transferred Inmates

The costs for the inmates transferred to the mental health institutes are absorbed by the institutes. The costs, as measured by the institutes daily billing rates, are $183 per day at the Mendota Mental Health Institute and $152 per day at the Winnebago Mental Health Institute. For calendar year 1985, the total costs absorbed for male inmates transferred to Mendota were $243,573; for the female inmate transferred to Winnebago the costs were $14,744. These costs are funded by GPR.

E. SPECIAL NEEDS UNIT AT COLUMBIA CORRECTIONAL INSTITUTION*

The DOC plans to create a 100-bed Special Needs Unit for male prisoners at the new Columbia Correctional Institution. Currently, there are no clinical services staff at Columbia; the first prisoners being phased into the Institution are those who do not need clinical services. The hiring process for a clinical services supervisor for the Special Needs Unit is underway.

It is intended that the Special Needs Unit will provide a "climate different and more supportive than is currently possible at maximum security" institutions, but will not provide the intensity of treatment which is available at the Wisconsin Resource Center or the Mendota Mental Health Institute.

The Special Needs Unit will be organized according to the principles of "unit management," with clinicians, teachers, recreation staff and social workers assigned to specific units within the Special Needs Unit. The recruitment plan for the Special Needs Unit is to "screen out officer staff who tend to be more punitive and less therapeutic in their preferred style of interacting with inmates."

The types of inmates who will be considered, at least initially, as appropriate for treatment in the Special Needs Unit have a range of problems. For example, they include both: (1) mentally ill or developmentally disabled inmates, who are on medication but only intermittently stabilized and often involved in no real programming at the referring institution; and (2) inmates who are not mentally ill but may be vulnerable to abuse by other inmates due to the nature of their crime, their personal appearance or their behavior. These latter inmates are frequently clinically anxious or situationally depressed.

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*SOURCES: Letter to Russell Leik, Classification Chief, Bureau of Adult Institutes, from Sheila E. Dressen, Director, Bureau of Clinical Services, dated March 5, 1986; letter to Richard M. Sakoda, Hawaii Criminal Justice Commission, from Walter J. Dickey, Administrator, DOC, DHSS, dated June 2, 1986.

F. SERVICES TO PERSONS ON PROBATION AND PAROLE

The following offenders are placed under the supervision of DOC's Bureau of Community Corrections: (1) offenders who are placed on probation by the courts; (2) inmates who are placed on parole because they reach their mandatory release date; (3) inmates who are granted a discretionary parole by the Parole Board; and (4) inmates released early by the DHSS to reduce overcrowding under the Special Action Release and Extra Special Action Release Programs. [Some of these persons are placed in one of the 11 half-way houses with which the state contracts to serve persons on probation and parole.] On June 2, 1986, there were 20,581 persons on probation and 3,352 on parole.

Generally, persons on probation and parole receive mental health services in the same manner that other members of the community receive the services. That is, they receive services through mental health or human services boards established under s. 51.42 or 46.23, Stats. (hereinafter referred to as "county mental health boards"), or from the private sector, if the person is insured or otherwise able to pay.

There are 9.9 FTE clinicians (psychologists) in the DOC's Bureau of Clinical Services whose primary function is to consult with Bureau of Community Correction's probation and parole agents regarding the clinical services needs of persons on probation and parole. These clinicians accept referrals from the agents for psychological evaluation and assessment and make recommendations for the appropriate treatment and supervision of the persons. The clinicians assist in making referrals to appropriate local agencies, when they know of available resources. The clinicians also provide some direct services when resources are not available locally.

PART III

USE OF PSYCHOTROPIC MEDICATIONS

A. ADMINISTRATIVE RULES

1. Standards

The DHSS has promulgated administrative rules relating to the treatment of inmates with psychotropic medications. The rules state that psychotropic medications may be administered "only for the purpose of alleviating psychiatric disorders or enhancing the coping capability of the patient." Psychotropic medications may not be administered "to punish the inmate, to sedate the inmate in order to produce docility, or as a convenient substitute for interpersonal communication" [s. HSS 314.06 (1), Wis. Adm. Code].

The DHSS rules state that psychotropic medications may only be administered to inmates upon written order of a physician. The rules set forth the following standards for a physician to follow when prescribing the medications:

a. Utilize medical histories and appropriate physical and laboratory examinations before prescribing the medications and document the behaviors and symptoms which the medication is to treat or modify;

b. Prescribe the lowest effective dose of a clinically indicated medication;

c. Use caution in prescribing medications known to produce psychological or physiological dependency or to have significant potential for abuse;

d. Indicate, in the medical record, a specific date to stop the use of the medication;

e. Specify limited amounts and limited refills, if any, for prescriptions; and

f. Reduce or withdraw medications as soon as clinically indicated [s. HSS 314.06 (1) and (2), Wis. Adm. Code].

The DHSS rules require that, where the treatment is voluntary, the physician shall review the use of the medication as often as "professional practice requires," but at least once every 180 days. Where treatment is

involuntary, a review shall take place every 30 days [s. HSS 314.06 (3), Wis. Adm. Code].

2. Voluntary Treatment

For the voluntary treatment of an inmate with psychotropic medications in a correctional institution, the DHSS rules specify that the institution shall ensure that the treatment is voluntary, as follows:

a. The physician shall discuss with the inmate the nature of the condition; the purpose, nature and dose of the medication; the anticipated benefits; the substantial risks and side effects; any available appropriate alternatives; and the inmate's prognosis without medications.

b. The physician shall ask the inmate to take the medication and may proceed with voluntary treatment only if the inmate consents by "words, in writing, or by action."

c. The physician may not prescribe psychotropic medication unless he or she reasonably believes that the inmate's decision is not the result of coercion, threats or promises.

d. An inmate may withdraw or reinstate consent at any time by words, in writing or by action.

e. An inmate who has been adjudicated incompetent to consent may not be treated voluntarily unless his or her guardian consents to treatment [s. HSS 314.07, Wis. Adm. Code].

3. Involuntary Treatment

The DHSS rules specify that an inmate may be treated involuntarily with psychotropic medications under the following circumstances:

a. In an emergency, pending a determination of whether an emergency transfer to a mental health institute is appropriate, if reasonable "interpersonal efforts" have failed to resolve the emergency and, after the brief use of mechanical restraints, the inmate continues to "struggle unduly." If the transfer is ordered, the attending physician may order continued involuntary treatment pending completion of the transfer proceedings. An "emergency" means:

> (i) The inmate's contact with reality appears to be severely impaired as a result of mental illness; and

(ii) The inmate appears to pose an immediate danger to self or others, as evidenced by a recent overt act or attempt to inflict serious bodily harm.

b. While the inmate is under an involuntary commitment, under ch. 51, Stats., to a state mental health institute; or

c. If the inmate is committed, under s. 51.20 (1) (ar), Stats., as an outpatient in a correctional institution and the inmate refuses to take the medication voluntarily. In this case, the following procedures shall be used:

(i) The inmate shall first be given the opportunity to take the medication voluntarily. If, due to the inmate's behavior, it is not possible to follow the voluntary procedures described above, a health services treatment staff member or physician shall record the reasons in the inmate's clinical or medical services record.

(ii) If the inmate refuses to take the medication, the staff member or physician shall counsel the inmate and attempt to persuade the inmate to take the medication.

(iii) If the inmate continues to refuse, the attending physician shall be contacted to decide the course of action to be taken. Possible actions include taking no action for a period of time, recommending transfer to a more appropriate correctional institution, recommending transfer to a mental health institute or administering the drug involuntarily.

B. USE OF MEDICATIONS IN 1985

Under s. 46.03 (5) (c) 2, Stats., the DHSS is required to submit an annual report to the Legislature which includes the number of prisoners being treated with psychotropic medications on both a voluntary and involuntary basis and the types of drugs being used. The DHSS's report, dated January 9, 1986, included the following information for calendar year 1985.

1. Voluntary Treatment

During 1985, prisoners underwent voluntary treatment with psychotropic drugs, as follows:

a. State correctional institutions and centers, not including the Wisconsin Resource Center -- 469 inmates.

b. Wisconsin Resource Center -- 80 inmates.

c. Mental health institutes -- 2 inmates.

The types of drugs used for voluntary treatment were antidepressants, antipsychotics, sedatives and minor tranquilizers.

2. Involuntary Treatment

During 1985, prisoners underwent involuntary treatment with psychotropic drugs, as follows:

a. State correctional institutions and centers, not including the Wisconsin Resource Center -- 0 inmates.

b. Wisconsin Resource Center -- 1 inmate.

c. Mental health institutes -- 7 inmates.

The types of drugs used for involuntary treatment were antipsychotics.

PART IV

TRAINING OF STATE CORRECTIONAL OFFICERS

This Part describes the training that state correctional officers receive related to inmates' mental health problems.

A. PRESERVICE TRAINING

Under current law, no person may be permanently appointed as a correctional officer unless he or she has satisfactorily completed a preservice training program approved by the DHSS. The preservice training program is funded through a penalty assessment made whenever a court imposes a fine or forfeiture for a violation of a state law or a local ordinance, except for laws or ordinances involving nonmoving traffic violations. The total penalty assessment is 15% of the fine or forfeiture, of which 2/15ths (2%) is allocated for correctional officer preservice training [ss. 46.057 and 165.85 (1) (b), Stats.].

In 1985, a Handicapped Awareness Training Program was initiated as part of the preservice training program for new state correctional officers. Under the new Program, officers receive one to four hours of training related to mentally retarded, emotionally disturbed, physically disabled, developmentally disabled and alcohol and drug abusing inmates, which appears to also include limited training related to mentally ill inmates.

In fiscal year 1985-86, approximately 500 new correctional officers participated in the Handicapped Awareness Training Program. This number was unusually large because of the opening of the Columbia and Oshkosh Correctional Institutions. Usually, approximately 200 new officers are trained each year. The current costs for the preservice officer training program are $7.88 per hour for the correctional officers' salaries and $14 per hour for an instructor.

The Handicapped Awareness Training Program is also provided to all new nonsecurity personnel. The costs of training these persons is funded from GPR.

These training programs are administered by the DOC's Office of Human Resources.

B. SUBSEQUENT TRAINING

Officers who completed the preservice training program before the Handicapped Awareness Training Program was offered, will be provided with the Program in the future, as part of their continuing training. There are about 800 correctional officers who have not yet attended the Program.

Another training program related to inmates' mental health needs is offered, but not required, as part of correctional officers' continuing training. Under this program, in order to help the correctional officers understand abnormal behavior, information is presented on normal behavior, including motivation, primary and secondary drives, frustration and conflict. This is followed by information on neurotic and psychotic disorders, what the officer should look for and modes of treatment. The classroom instruction includes lectures and class discussion focusing on related experiences of the officers.

In 1985-86, 31 officers each received six hours of training under this program. The cost for the training was approximately $2,440 -- an average of $10 per hour for the officers' salaries and $580 for the instructor.

Continuing training for correctional officers is funded from GPR. All continuing training programs are under the administration of the DOC's Office of Human Resources; however, the instructor for the six-hour mental health training program is from the DOC's Bureau of Clinical Services.

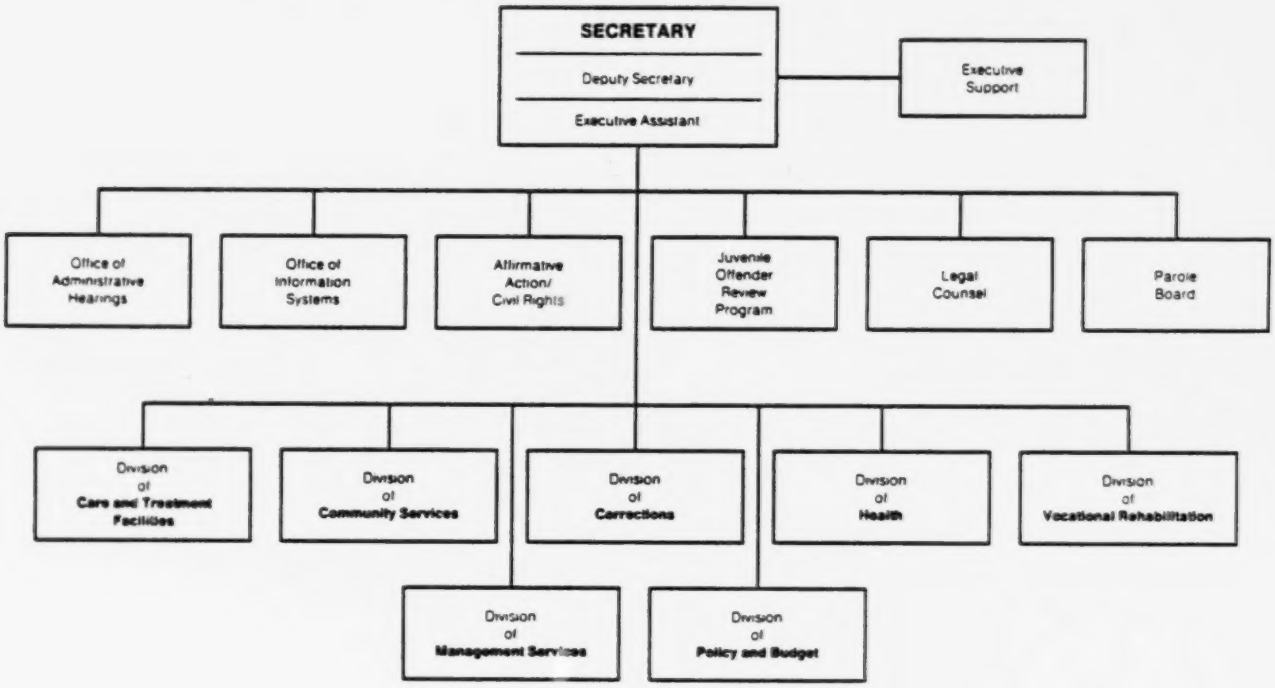
JRH:las:md:kjf:wf

APPENDIX A

ORGANIZATIONAL CHARTS OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

CHART A 1

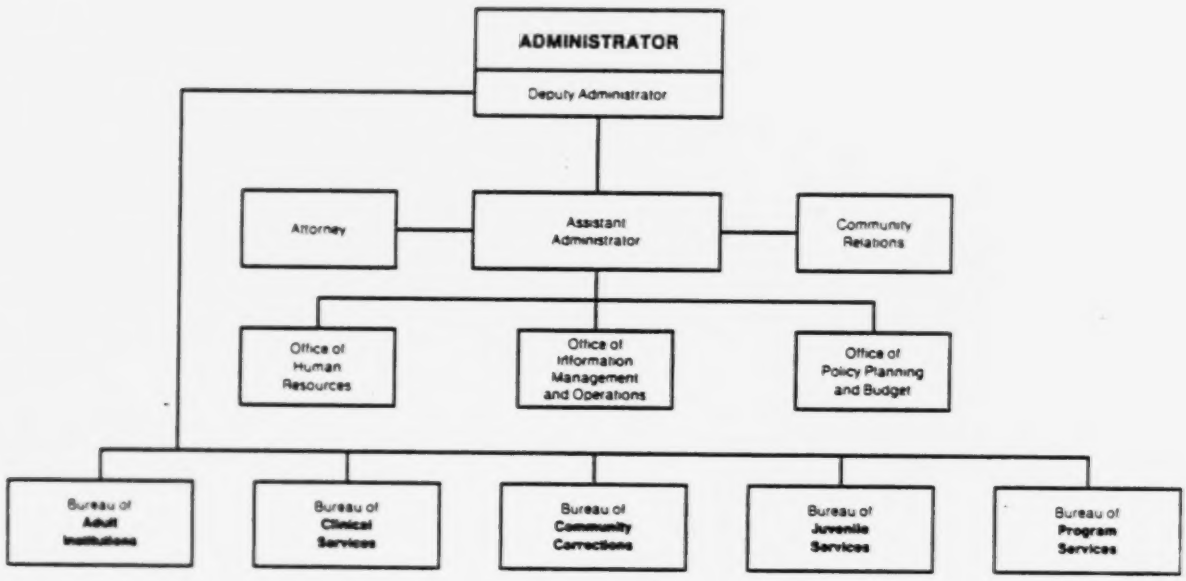
DEPARTMENT OF HEALTH AND SOCIAL SERVICES



SOURCE: State of Wisconsin Blue Book 1985-86.

CHART A 2

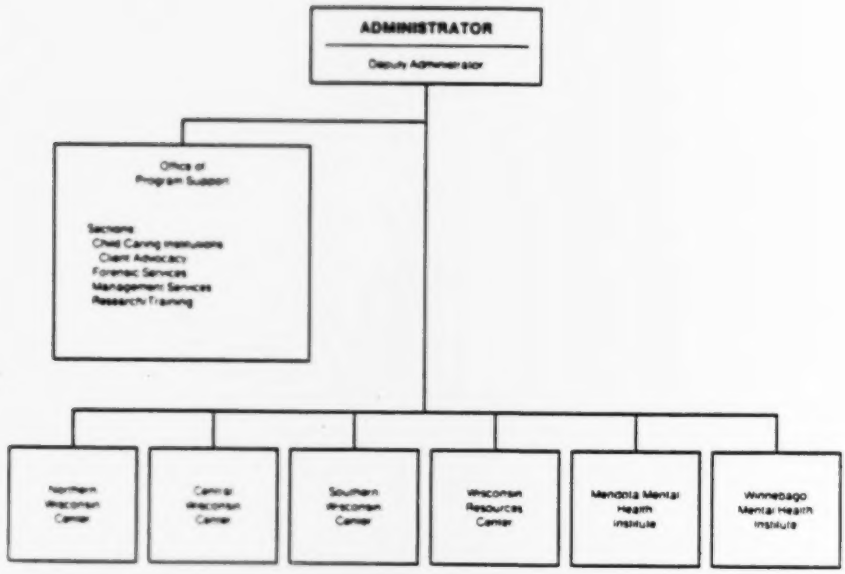
DIVISION OF CORRECTIONS



SOURCE: State of Wisconsin Blue Book 1985-86.

CHART A 3

DIVISION OF CARE AND TREATMENT FACILITIES



SOURCE: State of Wisconsin Blue Book 1985-86.

APPENDIX B

WISCONSIN CORRECTIONS INSTITUTIONS POPULATIONS

TABLE B 1

WISCONSIN ADULT CORRECTIONAL INSTITUTIONS 1/

NAME	LOCATION	SECURITY LEVEL	RATED BED CAPACITY	POPULATION ON JUNE 27, 1986
DIVISION OF CORRECTIONS INSTITUTIONS:				
Waupun Correctional Institution:				
Institution	Waupun	Maximum	840	993
Bunkhouse	Waupun	Minimum	82	89
Green Bay Correctional Institution	Green Bay	Maximum	584	827
Dodge Correctional Institution:				
Institution	Waupun	Maximum	111	120
Reception	Waupun	Maximum	198	370
Columbia Correctional Institution	Portage	Maximum	113	113
Taycheedah Correctional Institution	Taycheedah	Maximum	126	215
Fox Lake Correctional Institution	Fox Lake	Medium	576	721
Kettle Moraine Correctional Institution	Plymouth	Medium	375	479
Oshkosh Correctional Institution 2/	Winnebago	Medium	---	---
Oakhill Correctional Institution	Oregon	Minimum	321	347
Wisconsin Correctional Center System: 3/				
Northern Sector		Minimum	476	555
Southern Sector		Minimum	226	220
Subtotals			4,028	5,049

(CONTINUED ON NEXT PAGE)

APPENDIX B TABLE B 1 (CONTINUED)

WISCONSIN ADULT CORRECTIONAL INSTITUTIONS 1/

NAME	LOCATION	SECURITY LEVEL	RATED BED CAPACITY	POPULATION ON JUNE 27, 1986
DIVISION OF CARE AND TREATMENT FACILITIES INSTITUTION:				
Wisconsin Resource Center	Winnebago	Medium	160	164
CONTRACT BEDS:				
Federal System	Determined by the Federal System	Determined by the Federal System	N/A	8
Minnesota	Stillwater, MN	Determined by Minnesota	N/A	5
Milwaukee House of Corrections	Milwaukee, WI	Medium	N/A	59
Ferris Center, Dane County	Madison, WI	Minimum	N/A	12
Subtotals				84
TOTALS			4,188	5,297

1/ All of these Institutions house only men, except the Taycheedah Correctional Institution, the Women's Center, which is in the Southern Sector of the Wisconsin Correctional Center system and the Ferris Center (listed under Contract Beds), which house only women.

2/ Scheduled to open in October 1986.

3/ For more detail on the Wisconsin Correctional Center System, see Table B 2.

SOURCE: Statistical Bulletins C-302, Offenders Under Institution Supervision As Of Friday, May 16, 1986, Division of Corrections, Department of Health and Social Services.

TABLE 8 2

WISCONSIN CORRECTIONAL CENTER SYSTEM *

NAME	LOCATION	RATED BED CAPACITY	POPULATION ON JUNE 27, 1986
NORTHERN SECTOR:			
Gordon Center	Gordon	52	66
Black River Center	Black River Falls	50	59
McNaughton Center	Tomahawk	55	76
Sanger B. Powers Center	Green Bay	60	69
Winnebago Center	Winnebago	60	65
Flambeau Center	Hawkins	50	62
St. Croix	New Richmond	24	27
Drug Abuse Center	Winnebago	125	131
Subtotals		476	555
SOUTHERN SECTOR:			
Oregon Center	Oregon	78	77
Thompson Center	Deerfield	32	35
Sherrer Center	Milwaukee	32	38
Abode Center	Milwaukee	30	29
St. John's Center	Milwaukee	30	31
Women's Community Correctional Center	Milwaukee	24	10
Subtotals		226	220
TOTALS		702	775

* All of the Centers are minimum security. All of the Centers house only men, except the Women's Center which houses only women. Women are transported to the Drug Abuse Center for treatment on a day basis.

SOURCE: Statistical Bulletins C-302, Offenders Under Institution Supervision As Of Friday, May 16, 1986, Division of Corrections, Department of Health and Social Services.

TABLE B 3

WISCONSIN JUVENILE CORRECTIONAL SCHOOLS

NAME	LOCATION	RATED BED CAPACITY	POPULATION ON JUNE 27, 1986
Ethan Allen School	Wales	313*	276*
Lincoln Hills School	Merrill	265*	208 boys* 36 girls*
TOTALS		578	520

*Includes reception beds.

SOURCE: Statistical Bulletins C-302, Offenders Under Institution Supervision As Of Friday, May 16, 1986, Division of Corrections, Department of Health and Social Services.

APPENDIX C

CLINICAL SERVICES STAFF AND CONSULTANTS AT STATE CORRECTIONAL FACILITIES

TABLE C 1

CLINICAL SERVICES STAFF AND CONSULTANTS
AT ADULT CORRECTIONAL INSTITUTIONS (1985-1986)

INSTITUTION	NUMBER OF CLINICAL SERVICES STAFF POSITIONS AND CONSULTANTS*	POPULATION ON JUNE 27, 1986	RATIOS OF CLINICAL SERVICES STAFF POSITIONS TO PRISON POPULATIONS
Waupun Correctional Institution (Maximum Security)	Filled Positions 1.0 Social Services Specialist 1 .5 Psychologist 4 .5 Psychologist 3 .6 Psychiatrist 1.0 Program Assistant 3.6 Vacant Positions 1.0 Psychologist 3 1.0 Psychologist Supervisor 1 2.0 Consultants 3.0	1,082	Filled Positions/Population: 1/300.6 Authorized (Filled Plus Vacant) Positions/Population: 1/193.2
Green Bay Correctional Institute (Maximum Security)	Filled Positions 1.0 Social Service Supervisor 2 2.0 Psychologist 4 1.0 Psychologist 3 1.0 Psychologist Services Associate 2 5.0 Vacant Positions 1.0 Social Service Specialist 1 1.0 Consultants 2.0	827	Filled Positions/Population: 1/165.4 Authorized Positions/Population: 1/137.8
Dodge Correctional Institution (Maximum Security)	Filled Positions 1.0 Social Services Supervisor 2 1.0 Psychologist 4 1.0 Psychological Services Associate 2 1.0 Program Assistant 1 4.0 Vacant Positions 0 Consultants 1.0	490	Filled Positions/Population: 1/122.5 Authorized Positions/Population: 1/122.5

(CONTINUED ON NEXT PAGE) 44

APPENDIX C TABLE C1 (CONTINUED)

CLINICAL SERVICES STAFF AND CONSULTANTS
AT ADULT CORRECTIONAL INSTITUTIONS (1985-1986)

INSTITUTION	NUMBER OF CLINICAL SERVICES STAFF POSITIONS AND CONSULTANTS[a]	POPULATION ON JUNE 27, 1986	RATIOS OF CLINICAL SERVICES STAFF POSITIONS TO PRISON POPULATIONS
Fox Lake Correctional Institution (Medium Security)	Filled Positions 1.0 Psychologist Supervisor 1 .5 Psychologist 4 .5 Psychologist 3 1.0 Psychological Services Associate 2 3.0 Vacant Positions 0 Consultants 1.0	721	Filled Positions/Population: 1/240.3 Authorized Positions/Population: 1/240.3
Kettle Moraine Correctional Institution (Medium Security)	Filled Positions 1.0 Psychologist Supervisor 1 .5 Typist .5 Psychological Services Associate 1.5 Vacant Positions 2.0 Psychologist 3 Consultants 1.0	479	Filled Positions/Population: 1/319.3 Authorized Positions/Population: 1/136.9
Oakhill Correctional Institution (Minimum Security)	Filled Positions 1.0 Psychologist Supervisor 1 .5 Psychologist 4 1.5 Vacant Positions 0 Consultants 1.0	347	Filled Positions/Population: 1/231.3 Authorized Positions/Population: 1/231.3

(CONTINUED ON NEXT PAGE)

APPENDIX C TABLE C1 (CONTINUED)

CLINICAL SERVICES STAFF AND CONSULTANTS
AT ADULT CORRECTIONAL INSTITUTIONS (1985-1986)

INSTITUTION	NUMBER OF CLINICAL SERVICES STAFF POSITIONS AND CONSULTANTS*	POPULATION ON JUNE 27, 1986	RATIOS OF CLINICAL SERVICES STAFF POSITIONS TO PRISON POPULATIONS
Taycheedah Correctional Institution (Maximum Security)	Filled Positions 1.0 Psychologist Supervisor 1 .5 Psychological Services Associate 1 1.5 Vacant Positions 1.0 Psychologist 3 Consultants 3.0	215	Filled Positions/Population: 1/143.3 Authorized Positions/Population: 1/86.0
Drug Abuse Treatment Center (Minimum Security)	Filled Positions 1.0 Psychologist 4-Doctorate Vacant Positions 0 Consultants 0	131	Filled Positions/Population: 1/131.0 Authorized Positions/Population: 1/131.0
TOTAL FILLED STAFF POSITIONS: 21.1 TOTAL VACANT STAFF POSITIONS: 6.0 TOTAL CONSULTANTS: 12.0			

* All staff positions in this table are full-time equivalent (FTE) positions; numbers for the consultants are the actual number of consultants, not FTE's. Clerical staff positions are not included; at some institutions the Bureau of Adult Institutions provides clerical support for clinical services, while at others the Bureau of Clinical Services has its own clerical staff.

SOURCE: Information provided by the Bureau of Clinical Services, Division of Corrections, Department of Health and Social Services.

TABLE C 2

CLINICAL SERVICES STAFF AND CONSULTANTS
AT JUVENILE SCHOOLS (1985-1986)

INSTITUTION	NUMBER OF CLINICAL SERVICES STAFF POSITIONS	POPULATION ON JUNE 27, 1986	RATIOS OF INSTITUTION POPULATIONS TO CLINICAL SERVICES STAFF POSITIONS
Ethan Allen School	Filled Positions 1.0 Psychologist Supervisor 1 1.0 Psychologist 4 1.0 Psychologist 3 1.0 Social Services Specialist 1 4.0 Vacant Positions 0 Consultants 1.0	276	Filled Positions/Population: 1/69.0 Authorized Positions/Population: 1/69.0
Lincoln Hills School	Filled Positions 1.0 Psychologist Supervisor 1 1.0 Psychologist 3 2.0 Vacant Positions 1.0 Social Services Specialist 1 Consultants 1.0	244	Filled Positions/Population: 1/122.0 Authorized Positions/Population: 1/81.3

TOTAL FILLED STAFF POSITIONS: 6.0
TOTAL VACANT STAFF POSITIONS: 1.0
TOTAL CONSULTANTS: 2.0

* All staff positions in this table are full-time equivalent (FTE) positions; numbers for consultants are the actual number of consultants, not FTE's.

SOURCE: Bureau of Clinical Services, Division of Corrections, Department of Health and Social Services.

APPENDIX D

WISCONSIN RESOURCE CENTER
STAFF POSITIONS

TABLE D 1

WISCONSIN RESOURCE CENTER STAFF POSITIONS
(JUNE 18, 1986)

Position	Number of Full-Time Equivalent Employes
Administrative Assistant	3.0
Chaplain	1.0
Clerical Assistant	1.0
Institution Aide	101.0
Institution Security Director	1.0
Institution Superintendent	1.0
Institution Treatment Director	1.0
Librarian	1.0
Nursing Supervisor	2.0
Officer	44.0
Physician	2.0
Program Assistant	5.0
Psychologist	5.0
Psychologist Supervisor	1.0
Recreation Leader	2.0
Registered Nurse	12.0
Secretary	1.0
Social Service Supervisor	3.0
Social Worker	4.0
Supervising Therapist	1.0
Teacher	7.0
Teacher Supervisor	1.0
Therapist	4.0
Work Processing Operator	1.0
TOTAL	205.0

SOURCE: Information provided by the Bureau of Clinical Services, Division of Corrections, Department of Health and Social Services.